

General

Title

Osteoporosis management in women who had a fracture: percentage of women 67 to 85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of women 67 to 85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there are both Electronic and Hybrid Specifications. This NQMC measure summary is based on the Electronic specification. Refer to the original measure documentation for details pertaining to the Hybrid specification.

Rationale

Osteoporosis is a skeletal disorder characterized by compromised bone strength that puts a person at increased risk for fractures. Morbidity and mortality related to osteoporotic fractures are a major health issue. Ten million Americans have osteoporosis, and another 18 million are at risk for osteoporosis due to low bone mass (National Institutes of Health [NIH] Consensus Development Panel on Osteoporosis

Prevention, Diagnosis, and Therapy, 2001). Eighty percent of people with osteoporosis are women (NIH Consensus Development Panel on Osteoporosis Prevention, Diagnosis, and Therapy, 2001). Women who suffer a fracture are at increased risk of suffering additional fractures.

Treatment of osteoporotic fractures is estimated at \$10 to \$15 billion annually in the United States (U.S). In 1995, osteoporotic fractures caused 432,000 hospital admissions, 2.5 million physician visits and 180,000 nursing home admissions. The aging U.S. population is likely to increase the future financial cost of osteoporosis care.

One study showed that less than 5 percent of patients with osteoporotic fractures are referred for medical evaluation and treatment (NIH Consensus Development Panel on Osteoporosis Prevention, Diagnosis, and Therapy, 2001). Another retrospective study of over 1,000 postmenopausal women who sustained a fracture of the distal radius found that only 24 percent received either a diagnostic evaluation or treatment for the condition (Stephen & Wallace, 2001).

Evidence for Rationale

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

NIH Consensus Development Panel on Osteoporosis Prevention, Diagnosis, and Therapy. Osteoporosis prevention, diagnosis, and therapy. JAMA. 2001 Feb 14;285(6):785-95. [PubMed](#)

Stephen AB, Wallace WA. The management of osteoporosis. J Bone Joint Surg Br. 2001 Apr;83(3):316-23. [49 references] [PubMed](#)

Primary Health Components

Osteoporosis; fracture; bone mineral density (BMD) test; drug prescription

Denominator Description

Women age 67 to 85 years as of December 31 of the measurement year, with a Negative Diagnosis History, who had an outpatient visit, an observation visit, an emergency department (ED) visit, a nonacute inpatient encounter or an acute inpatient encounter for a fracture during the Intake Period (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Appropriate testing or treatment for osteoporosis after the fracture defined by any one of the following criteria:

- A bone mineral density (BMD) test on the Index Episode Start Date (IESD) or in the 180-day (6-month) period after the IESD

- A BMD test during the inpatient stay for the fracture (applies only to fractures requiring hospitalization)

- Osteoporosis therapy on the IESD or in the 180-day (6-month) period after the IESD

- A dispensed prescription to treat osteoporosis on the IESD or in the 180-day (6-month) period after the IESD

See the related "Numerator Inclusions/Exclusions" field.

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA) Committee on Performance Measurement and Board of Directors. Once NCQA establishes national benchmarks for accountable care organization (ACO) performance, all measures will undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis. Where applicable, measures also are assessed for construct validity using the Pearson correlation test.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Apr 8. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Accountable Care Organizations

Ambulatory/Office-based Care

Ambulatory Procedure/Imaging Center

Emergency Department

Hospital Inpatient

Hospital Outpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Multisite Health Care or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age 67 to 85 years

Target Population Gender

Female (only)

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Data Collection for the Measure

Case Finding Period

A 12-month window that begins July 1 of the year prior to the measurement year and ends on June 30 of the measurement year

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Institutionalization

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Women age 67 to 85 years as of December 31 of the measurement year, with a Negative Diagnosis History, who had an outpatient visit (Outpatient Value Set), an observation visit (Observation Value Set), an emergency department (ED) visit (ED Value Set), a nonacute inpatient encounter (Nonacute Inpatient Value Set) or an acute inpatient encounter (Acute Inpatient Value Set) for a fracture during the Intake Period. If the patient had more than one fracture, include only the first fracture.

Note:

Intake Period: A 12-month window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year. The Intake Period is used to capture the first fracture.

Negative Diagnosis History: A period of 60 days prior to the Index Episode Start Date (IESD), during which time the patient had no diagnosis of fracture.

For fractures requiring an inpatient stay, use the date of admission to determine the Negative Diagnosis History.

For direct transfers, use the first admission to determine the Negative Diagnosis History.

IESD: The earliest date for any service during the Intake Period with a diagnosis of fracture.

For an outpatient or ED visit, the IESD is date of service.

For an inpatient stay, the IESD is the date of discharge.

For direct transfers, use the discharge date from the second admission as the IESD.

Refer to the original measure documentation for steps to identify the eligible population.

Exclusions

Negative Diagnosis History. Exclude patients with an outpatient visit (Outpatient Value Set), an observation visit (Observation Value Set), an ED visit (ED Value Set), a nonacute inpatient encounter (Nonacute Inpatient Value Set) or an acute inpatient encounter (Acute Inpatient Value Set) for a fracture (Fractures Value Set) during the 60 days (2 months) prior to the IESD.

Exclude patients who met any of the following criteria:

Patients who had a bone mineral density (BMD) test (Bone Mineral Density Tests Value Set) during the 730 days (24 months) prior to the IESD.

Patients who had a claim/encounter for osteoporosis therapy (Osteoporosis Medications Value Set) during the 365 days (12 months) prior to the IESD.

Patients who received a dispensed prescription or had an active prescription to treat osteoporosis (refer to Table AOMW-D in the original measure documentation for a list of osteoporosis therapies) during the 365 days (12 months) prior to the IESD.

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase *HEDIS 2015 Technical Specifications for ACO Measurement*, which includes the Value Set Directory.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Appropriate testing or treatment for osteoporosis after the fracture defined by any of the following criteria:

A bone mineral density (BMD) test (Bone Mineral Density Tests Value Set) on the Index Episode Start Date (IESD) or in the 180-day (6-month) period after the IESD

A BMD test (Bone Mineral Density Tests Value Set) during the inpatient stay for the fracture (applies only to fractures requiring hospitalization)

Osteoporosis therapy (Osteoporosis Medications Value Set) on the IESD or in the 180-day (6-month) period after the IESD

A dispensed prescription to treat osteoporosis (refer to Table AOMW-D in the original measure documentation for a list of osteoporosis therapies) on the IESD or in the 180-day (6-month) period after the IESD

Exclusions

Unspecified

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase *HEDIS 2015 Technical Specifications for ACO Measurement*, which includes the Value Set Directory.

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Electronic health/medical record

Paper medical record

Pharmacy data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

The Accountable Care Organization (ACO) aggregate population is reported as a whole, with an option to report Medicaid separately for measures for which HEDIS Health Plan Measurement offers Medicaid specifications.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Osteoporosis management in women who had a fracture (AOMW).

Measure Collection Name

HEDIS 2015: Accountable Care Organization (ACO) Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Musculoskeletal Conditions

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2016 Apr 4

Adaptation

This measure was adapted from the *HEDIS Technical Specifications for Health Plans* ("HEDIS Health Plan Measurement") and *HEDIS Physician Measurement*.

Date of Most Current Version in NQMC

2014 Nov

Measure Maintenance

Annual

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2013 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2012. various p.

The measure developer reaffirmed the currency of this measure in November 2015.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

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For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on June 3, 2014.

This NQMC summary was updated by ECRI Institute on March 12, 2015.

The information was reaffirmed by the measure developer on November 2, 2015.

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Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

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